



Reset Form

Print Form

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	Committee	<input checked="" type="checkbox"/>	Lobbyist
Name of Filing Committee, Candidate or Lobbyist COMMITTEE TO ELECT JIM BOCK					
Street Address 1000 MARIANNA AVE					
City	ERIE	State	PA	Zip Code	16506

Type of Report (Place x under report type)

1- 6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre-Election	5- 2 nd Friday Pre-Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY)			Year		Amendment Report	<input type="checkbox"/>	Termination Report	<input type="checkbox"/>

Summary of Receipts and Expenditures	From Date 11/28/2017	To Date 12/31/2017	For Office Use Only
A. Amount Brought Forward From Last Report	\$	1,716.01	<div>2018 JAN 31 AM 11:47 K</div>
B. Total Monetary Contributions and Receipts (From Schedule I)	\$	0.00	
C. Total Funds Available (Sum of Lines A and B)	\$	1,716.01	
D. Total Expenditures (From Schedule III)	\$	1,700.00	
E. Ending Cash Balance (Subtract Line D from Line C)	\$	16.01	
F. Value of In-Kind Contributions Received (From Schedule II)	\$	0.00	
G. Unpaid Debts and Obligations (From Schedule IV)	\$	300.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

31st day of **January** 20 **18**
Tonia Wilt
Signature

My Commission expires **4-3-19**
MO. DAY YR.

Tyco V. Swick
Signature of Person Submitting report
Printed Name

814
Area Code

810-6267
Daytime Telephone Number

NOTARIAL SEAL

Tonia Wilt, Notary Public
City of Erie, Erie County

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

31st day of **January** 20 **18**
Tonia Wilt
Signature

My Commission expires **4-3-19**
MO. DAY YR.

Signature of Candidate

JAMES S. BOCK
Printed Name

814
Area Code

572-4209
Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Tonia Wilt, Notary Public
City of Erie, Erie County

My Commission Expires April 3, 2019

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

Filer Identification Number		
1. Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period	(1)	\$ 0.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	0.00
All Other Contributions (Part B)	\$	0.00
Total for the reporting period	(2)	\$ 0.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	0.00
All Other Contributions (Part D)	\$	0.00
Total for the reporting period	(3)	\$ 0.00
4. Other Receipts: Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period	(4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)		\$ 0.00

PART A

Contributions Received From Political Committees**\$50.01 TO \$250.00**Use this Part to itemize only contributions received from Political Committees
with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number																							
										Amount													
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributing Committee										Date (MM/DD/YYYY)										\$			
House #										Street Address										Date (MM/DD/YYYY)	\$		
City										State										Zip Code	Date (MM/DD/YYYY)	\$	

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number						
Full Name of Contributor					Date (MM/DD/YYYY)	\$
N/A						
House #	Street Address			Date (MM/DD/YYYY)	\$	
City	State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City	State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City	State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City	State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City	State		Zip Code	Date (MM/DD/YYYY)	\$	
Full Name of Contributor					Date (MM/DD/YYYY)	\$
House #					Date (MM/DD/YYYY)	\$
Street Address					Date (MM/DD/YYYY)	\$
City	State		Zip Code	Date (MM/DD/YYYY)	\$	

PART C
Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees
with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number	
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Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
N/A							
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	
Full Name of Contributing Committee					Date [MM/DD/YYYY]	\$	
House #		Street Address			Date [MM/DD/YYYY]	\$	
City			State		Zip Code		
					Date [MM/DD/YYYY]	\$	

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

Filer Identification Number									
<div> <div>Full Name of Contributor</div> <div>N/A</div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>									
House #	Street Address		City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
<div> <div>Full Name of Contributor</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>									
House #	Street Address		City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
<div> <div>Full Name of Contributor</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>									
House #	Street Address		City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									
<div> <div>Full Name of Contributor</div> <div></div> <div>Date (MM/DD/YYYY)</div> <div>\$</div> </div>									
House #	Street Address		City		State	Zip Code	Date (MM/DD/YYYY)	\$	
Employer Name							Occupation		
Employer Mailing Address / Principal Place of Business									

PART E

Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

File Identification Number	
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Full Name					
House #	Street Address	N/A			
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

Receipt Description				
Full Name				
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				

Full Name				
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				

Full Name				
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				

Full Name				
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				

Full Name				
House #	Street Address			
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Receipt Description				

SCHEDULE II
PART F
In-Kind Contributions Received
VALUE OF \$50.01 TO \$250

Filer Identification Number	
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Full Name of Contributor				Date [MM/DD/YYYY]		\$
N/A						
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

Full Name of Contributor				Date [MM/DD/YYYY]		\$
House #	Street Address			Date [MM/DD/YYYY]		\$
City		State	Zip Code	Date [MM/DD/YYYY]		\$
Description of Contribution						

SCHEDULE II
Part G
In-Kind Contributions Received
VALUE OVER \$250

Filer Identification Number	
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Full Name of Contributor					Date [MM/DD/YYYY]		\$	
N/A								
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			
Full Name of Contributor					Date [MM/DD/YYYY]		\$	
House #		Street Address			Date [MM/DD/YYYY]		\$	
City		State		Zip Code		Date [MM/DD/YYYY]	\$	
Employer Name					Occupation			
Employer Mailing Address / Principal Place of Business					Description of Contribution			

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD
DETAILED SUMMARY PAGE**

Filer Identification Number:	
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1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.00 OR LESS PER CONTRIBUTOR		
TOTAL for the reporting period	(1)	\$ 0.00

2. IN-KIND CONTRIBUTIONS RECEIVED VALUE OF \$50.01 TO \$250.00 (FROM PART E)		
TOTAL for the reporting period	(2)	\$ 0.00

3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER \$250.00 (FROM PART G)		
TOTAL for the reporting period	(3)	\$ 0.00

TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)		\$ 0.00
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SCHEDULE III
Statement of Expenditures

Filer Identification Number	
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To Whom Paid	JAMES S. & RACHEL E. BOCK				Date [MM/DD/YYYY]	12/26/2017	\$	1,700.00
House #	1000	Street Address	MARIANNA AVE		Description of Expenditure			
City	ERIE	State	PA	Zip Code	16509	PARTIAL LOAN REPAYMENT		
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				
To Whom Paid					Date [MM/DD/YYYY]		\$	
House #		Street Address			Description of Expenditure			
City		State		Zip Code				

SCHEDULE IV
Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

File Identification Number	
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Name of Creditor		JAMES S. & RACHEL E. BOCK				Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$ 300.00	
1000	MARIANNA AVE	06/19/2017					
City	State	Zip Code					
	ERIE	PA	16509				
Description of Debt							
LOAN TO COMMITTEE							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$	
City	State	Zip Code					
Description of Debt							

Name of Creditor						Outstanding Balance of Debt	
House #	Street Address	DATE DEBT INCURRED (MM/DD/YYYY)				\$	
City	State	Zip Code					
Description of Debt							